

688 East Chad Ranch Road Veyo, Utah 84782-4141 (435) 574-9300 USA 1-800-776-2206 FAX (435) 574-9333 fellerstone@fellerstone.com

5/053/046 5/053/024 5/053/023 5/023/027 5/023/027 5/027/027 5/027/026 5/023/032

February 27, 2001

Mr. D. Wayne Hedberg
Permit Supervisor
State of Utah
Department of Natural resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P. O. Box 145801
Salt Lake City, Utah 84114-5801

RE: Annual Mining Reports for Year 2000

Dear Mr. Hedberg:

Enclosed you will find the <u>Annual Report of Mining Operations</u> for the various mines we are involved in. I apologize for the delay in getting them to you. A member of our staff, who had the computer knowledge to provide us the numbers we needed, passed away last year. We didn't realize that he was involved in this and it took some time for us to be able to gather the information. Now that we have been able to find his secret, we will be able to do it in a more timely fashion in the future.

Please call if you have any questions.

Sincerely,

P. V. Edwards

Manager, Office Operations

FELLER STONE, INC.

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DIVISION OF OIL, GAS AND MINING

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291

Fax: (801) 359-3940

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DIVISION OF
OIL, GAS AND MINING

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I.	General Information			
	1.	Report Time Period: From (mo./yr.) Jan. 2000 Γο (mo./yr.) Jan. 2001		
	2.	Report Time Period: From (mo./yr.) 1200 To (mo./yr.) 200		
	3.	Mine Name: GLACIAL GREEN &I		
	4.	Mineral(s) Mined (or permitted to mine): BUILDING 5-70 U E		
	5.	Type of mine ✓ Surface Mine or Underground Mine		
	6.	Legal Description (Location of Lands Affected):		
		w 1/4, NW 1/4, SE 1/4, Section 8, Township 3 N, Range 13 W		
		1/4,1/4,1/4, Section, Township, Range		
		1/4,1/4,1/4, Section, Township, Range		
7.	Name of Operator or Company: AR LEGSING FELLER STINE IN			
	8.	Permanent Street Address: 688 E. CHAD RANCH ROAD		
		City, State, Zip: VEYD, UTAH 84782.4141		
		Phone: (435) 574-9300 Fax: (435) 574-9333		
	9. Company Representative (or designated operator):			
		Name: RUSSELL C. FELLER		
		Title: MANAGER		
		Business Address: 688 E. CHAD RANCH ROAD		
		City, State, Zip: VEYD, UTAH 84782-4141		
		Phone: (435) 574-9300 Fax: (435) 574.9333		
		Please check if any of the above information has changed since previous year.		
II.	Mining and Reclamation			
	1.	Was there any mine related activity during the past year? Yes ⋈ No □		
	2.	If no - what was the last year of activity?		
	3.	If yes - how much ore or mineral was mined? 420 TON		

4.	Briefly describe the type of work performed, volume of material moved, and any new or additional surface disturbances that occurred during the past year.		
	EXCAUATED PREV	10USLY BLASTED ROCK AND CONTINUED	
	TO LEVEL PLAT	70 R M	
5.	•	ras disturbed during the past year?	
6.	. How much acreage was reclaime	d during the past year?	
7.	Briefly describe the reclamation work performed during the past year. This description should include methods employed, and an evaluation of the results.		
8.	What is the total disturbed acreage of entire project at years end? Briefly summarize any mining and/or reclamation plans for the upcoming year.		
9.			
NOTE:	Section III., "Additional Informat	ion" applies only to large mining operations.	
III. <u>Additional</u>	Information		
1.	An updated surface facilities map should be attached if there have been significant changes si the previous map was submitted.		
2.	Any monitoring results or other reports that are required under the terms of the approved notice intention should also be attached.		
IV. Signature	<u>e Requirement</u>		
I her	eby certify that the foregoing is	true and correct.	
	Name (Typed or Print):	FELLER STONE THE	
	Title of Operator:	N.P.	
	Signature of Operator:	Lustell tolle	
	Date:	1-30-01	
jb a:\forms\MR-AR			